PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

GAMBRO 3.3-254 CONT

		CLAIMS	S FILED - PART I (Column 1) (Column 2)			umn 2)	_	SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			14				1	RATE	. FEE	T	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.0	OR	BASIC FE	
TOTAL CHARGEABLE CLAIMS			/4 minus 20=		•			XS 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		•			X43=		OR	X86=	
М	JLTIPLE DEPE	ENDENT CLAIM F	PRESENT					+145=		OR	+290=	
* 11	the differenc	e in column 1 is	less than z	ess than zero, enter "0" in			ı	TOTAL	1	OR	TOTAL	
CLAIMS AS AMENDED - (Column 1)					- PART II					_	OTHER	
	···		(Colum		(Column 3)	olumn 3) SMAL			OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	<u> </u> *	Minus			=		X\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESI	* ENTATION OF M	Minus ULTIPLE DEI	PENDENT	CLAIM	=		X43=		OR	X86=	
					0.0-1.1.1			+145=		OR	+290=	
							_	TOTAL		ተ '	TOTAL	
							Α	DDIT. FEE	<u> </u>	OR A	NDDIT. FEE	
		(Column 1)		(Colum		(Column 3)						
B		CLAIMS REMAINING AFTER		HIGHE NUMBE PREVIOL	ER	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL] [RATE	ADDI- TIONAL
W W		AMENDMENT		PAID FO	OR				FÉE	1 1		FEE
AMENDMENT	Total Independent	*	Minus Minus	**		=		X\$ 9=		OR	X\$18=	
A P		NTATION OF MU		ENDENT C	LAIM	=		X43= ·		OR	X86=	
•							İ	+145=		OR	+290=	•
							AE	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE	
•		(Column 1)		(Column	r 2)	(Column 3)	·		٠.			
۱		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
AIMEINDIMEN.	Total		Minus	**		-		X\$ 9=	FEE	OR	X\$18=	FEE
	ndependent		Minus	***		=	\vdash	X43=	· ·	`` 		
۱ ا	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A40=		OR _	X86=	
. 11 .	he entry in colum	In 1 is lose than the	. cotou in cot	- 0	·	0		145=		OR	+290=	·
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OF TOTAL ADDIT. FEE												
Th	e "Highest Numb	per Previously Paid	For (Total or I	SPACE is le ndependent)	ss than is the h	3, enter "3." ighest number f			opriate box			